

Supplemental Application Form Metal Plating and Surface Treatment Operations

Applicant Name:
(As indicated on the *Permit Application Transmittal Form*)

Please complete a separate form for each distinct processing line.
(You may reproduce this form as necessary.)

Process Line No.:

Process Description:

Is this unit subject to Title 40 CFR Part 60, NSPS? ☐ Yes ☐ No

If yes, indicate the subpart(s):

Is this unit subject to Title 40 CFR Part 63, MACT? ☐ Yes ☐ No

If yes, indicate the subpart(s):

Section I: General

Subunit Number (1)	Tank Function (2)	Construction Date (3)	Maximum Operating Schedule (hrs/day and (hrs/yr) (4)	Tank Temp. °F (5)	Tank Size (gallons) (6)	Tank Surface Area (7)	Tank Amperage (8)

DEP USE ONLY	
App. No.:	_____
EPE No.:	_____

Section I: General (continued)

Subunit Number (1)	Contents in Tank (9)	Max. Hourly Make-up Rate (10)	Max. Yearly Make-up Rate (11)	Type of Material Being Processed (12)

Section II: Non-Chemical Surface Preparation Only

Subunit Number (1)	Type of Abrasive (2)	Hourly Quantity of Abrasive Used (3)	Percent Wet (4)	Enclosure Yes/No (5)	Maximum Operating Schedule Hours/Day and Hours/Year (6)